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**DATE:** September 1, 2004

**CLIENT NO.:** 19502

**To:**

NAME	FAX NO.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

**FROM:** Brian M. Hoffman, Reg. No. **PHONE:** (415) 875-2484  
 39,713

<b>NUMBER OF PAGES WITH COVER PAGE:</b> 9	<b>ORIGINAL WILL NOT FOLLOW</b>
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**MESSAGE:**

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

09/333,724  
 10/071,797  
 09/538,602  
 09/334,131  
 09/843,614  
 09/754,650  
 10/652,850

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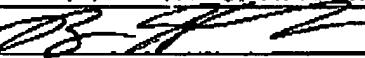
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19502/01000/SR/5127768.1

0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office	Application Number	N/A
		Filing Date	N/A	
		First Named Inventor	N/A	
		Examiner		
		Group Art Unit		
Total Number of Pages In This Submission	8	Attorney Docket Number		

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (In duplicate)	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos.
<input type="checkbox"/> Check Enclosed	09/333,724
<input type="checkbox"/> Return Receipt Postcard	10/071,787
<input type="checkbox"/> Response to Notice to File Missing Parts	09/538,602
<input type="checkbox"/> Assignment & Recordation Cover Sheet	09/334,131
<input type="checkbox"/> Declaration	09/843,614
<input type="checkbox"/> Power of Attorney	09/754,650
<input type="checkbox"/> Application Data Sheet	10/652,850
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**REMARKS:**

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Brian Hoffman, Reg. No. 38,713	Dated:	September 1, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that the correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Brian Hoffman	Dated:	September 1, 2004
Facsimile Number:	1-703-872-9308		